

# REQUIREMENTS, INFORMATION & INSTRUCTIONS - CHIROPRACTOR

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

Applicants are subject to **current** licensure requirements.

Hawaii does not have reciprocity agreements with any other state or country. All applicants must meet the licensing requirements of the Board of Chiropractic Examiners (Board) in accordance with Chapters 442 and 436B, HRS, and Chapter 76, HAR.

## EDUCATIONAL REQUIREMENTS

Successfully completed a minimum of **sixty (60) semester hours** or equivalent, of college credit leading toward a baccalaureate degree at an institution(s) accredited at the college level by an accrediting body that is nationally recognized by the USDOE.

**Graduated from a chiropractic college** accredited by Council of Chiropractic Education, Straight Chiropractic Academic Standards Association (prior to 6/4/93), or other chiropractic school accrediting body recognized by the U.S. DOE. (Students who were matriculated in any chiropractic college prior to October 15, 1984 are exempt.)

Arrange to have **official TRANSCRIPTS** sent **directly** to the Board from the appropriate college(s)/university(ies).

## NBCE EXAMS

**One of the following must be met:**

1. Passed the NBCE Parts I, II, III, IV, and physiotherapy;
2. Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if licensed under the laws of another state(s) **after December 31, 1988** and provided license(s) is (are) in good standing.
3. Passed the NBCE Parts I, II, physiotherapy, and SPEC; if licensed under the laws of another state(s) **prior to January 1, 1989** and license(s) is (are) in good standing.

**Note: NBCE Exams are not administered in Hawaii at this time.**

Arrange to have **official RECORD OF SCORES** for applicable NBCE exams sent **directly** to the Board from the NBCE.

The address of the NBCE is:

National Board of Chiropractic Examiners  
901 54<sup>th</sup> Avenue  
Greeley, Colorado 80634

## VERIFICATION OF OUT-OF-STATE LICENSURE

Arrange to have a "Verification of License" form completed and sent directly to the Board from chiropractic board where initial chiropractic license was obtained.

## FEES

If applying for licensure between January 1, even-numbered year,  
to December 31, even-numbered year, pay..... \$310  
(Application fee - \$50\*, License fee - \$75, second year of two-year  
license period - \$75, CRF - \$110)

If applying for licensure between January 1, odd-numbered year,  
to December 31, odd-numbered year, pay ..... \$180  
(Application fee - \$50\*, License fee - \$75, CRF - \$55)

Attach check or money order made payable to COMMERCE & CONSUMER AFFAIRS.

\* Application fee is not refundable.

**Note:** One of the requirements which must be met in order for a new license to be issued is the payment of fees in accordance with rules adopted pursuant to chapter 91, HRS. You may be sent a license certificate before the check you submitted clears the bank. If the check is returned to the DCCA unpaid, it will constitute a failure to pay the required licensing fee and the license certificate issued will not be valid and you shall not conduct business under that license. A \$15.00 service fee will be charged for checks which are not cleared and subsequently returned from the bank.

(CONTINUED ON BACK)

**FEES**  
(Continued)

*If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. You must submit a written request for a contested case hearing to the Board and must be made within sixty (60) days after your application for license is denied.*

**BOARD'S  
ADDRESS**

Mail required items to: Board of Chiropractic Examiners  
DCCA, PVL Branch  
P.O. Box 3469  
Honolulu, HI 96801

Deliver to office location:  
1010 Richards Street, 1<sup>st</sup> Floor  
Honolulu, HI 96813

**LAWS  
PUBLICATIONS**

It is the responsibility of each doctor of chiropractic to read and study Chapter 442 and 436B, Hawaii Revised Statutes, and Chapter 76, Hawaii Administrative Rules. A copy of the chiropractic laws and rules are available for \$1.00 from: Cashier, Commerce & Consumer Affairs, P.O. Box 541, Honolulu, HI 96809. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 75¢. Price subject to change without notice.

The laws are posted on the Internet at: [www.capitol.hawaii.gov/](http://www.capitol.hawaii.gov/). Select from the menu "Status and Documents", then search "Hawaii Revised Statutes". Enter the specific chapter and section. The rules are posted on our website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl), then click on the specific board/program.

**BIENNIAL  
RENEWAL**

All licenses, regardless of issuance date, are subject to renewal on or before **December 31 of each ODD-numbered year**. Renewal fees and continuing education hours (no practice-building courses accepted). Failure to receive an application for license renewal is not an excuse not to renew. **The onus is on the individual D.C. to take the initiative to ensure licensure is maintained.**

**ADDRESS  
CHANGES**

Changes must be reported to the Board in writing.

# APPLICATION FOR LICENSE – CHIROPRACTOR

See requirements for license and instructions for filing before completing this form.  
Type or print in dark ink.

Legal Name (First-Middle)	(LAST)
Residence Address (include apt. number, city, state, and zip code)	
Mailing Address (if different from above)	
Social Security No.	Phone No. (days)
Other Names Used	

FOR BOARD USE ONLY

APPROVED for License Initials/date:	DENIED
Date Licensed:	License No.:

Circle answers and explain if required:

1) Are you at least 18 years old? .....	YES	NO
2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? .....	YES	NO
3a) Have you passed the NBCE Parts I, II, III, IV, and physiotherapy? .....	YES	NO
b) Have you passed the NBCE Parts I, II, III physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered? .....	YES	NO
c) Have you passed the NBCE Parts I, II, physiotherapy, and SPEC, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered? .....	YES	NO
4) Have you ever applied or held a license in Hawaii? .....	YES	NO
If so, when? _____ Lic. No. _____ Expiration Date _____		
5) Are you licensed to practice chiropractic in any other jurisdiction? .....	YES	NO
6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? .....	YES	NO
7) Are there any disciplinary actions pending against you? .....	YES	NO
8) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? .....	YES	NO

If response is "yes" to questions 6, 7, and 8, provide information on the date, place, and type of conviction or Disciplinary action on a separate sheet. Other information and documents may be required in accordance with 436B, HRS.

EDUCATION	Name of School		Date Graduated (month/year)	Date Transcript Request Made
	College/University			
	Chiropractic College			

  

OTHER STATE LICENSES (Use a separate sheet if more space is needed.)	Date License Issued	License No.	Name of State	Date "Verification of License" form mailed to state

## Affidavit of Applicant:

I, being duly sworn, certify that I am referred to in this application and I have carefully read and thoroughly understand this affidavit and that the statements are true in every respect. I further certify that I have read, understand, and shall obey the laws and rules of the Board of Chiropractic Examiners.

Date

Signature of Applicant

This material can be made available for individuals with special needs. please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App .....	075 .....	\$50
License .....	077 .....	\$75
CRF .....	C13 .....	\$55/\$110
½ Ren .....	070 .....	\$75
Service Fee .....	BCF .....	\$15

## BOARD OF CHIROPRACTIC (MEDICAL, ETC.) EXAMINERS

State Hawaii

Address P.O. Box 3469

Honolulu, Hawaii 96801

Phone ( 808 ) 586-3000

SCHOOL LOGO  
ADDRESS

### CHIROPRACTIC COLLEGE CERTIFICATION

#### A. CERTIFICATION OF PRE-CHIROPRACTIC EDUCATION

The admissions requirements are established in cooperation with the United States Council on Chiropractic Education (CCE).

The candidate for admission must be a high school graduate (or present evidence of equivalency) and have completed at least 60 semester hours (or 90 quarter hours) leading to a baccalaureate degree. Pre-chiropractic credits must be earned at institutions listed in the United States Department of Education Higher Education Directory, unless described below:

COMMENTS:

#### B. CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that \_\_\_\_\_ entered \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ and graduated on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, receiving the degree Doctor of Chiropractic. S/he completed \_\_\_\_\_ school terms of \_\_\_\_\_ months each, totaling \_\_\_\_\_ hours of minutes each which includes transfer hours. The classroom and laboratory instruction in subjects and hours attended and completed are certified by the attachment of official chiropractic college transcripts.

\_\_\_\_\_ Chiropractic College has professional accreditation by the United States Council on Chiropractic Education, granted on \_\_\_\_\_.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or printed name and title \_\_\_\_\_

College Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

College Seal

***\*\*This document is null and void unless received directly from the chiropractic institution named above.\*\****

VERIFICATION OF LICENSE - CHIROPRACTOR

State of Hawaii  
Board of Chiropractic Examiners  
DCCA, PVL - Licensing Branch  
1010 Richards St., P.O. Box 3469  
Honolulu, Hawaii 96801

APPLICANT	Name (First-Middle)	(LAST)	Social Security No.
	Address (Include Apt. No. and Zip Code)		LICENSE NUMBER
			DATE ISSUED
I hereby authorize the licensing agency of the state of _____ to furnish the information below to the State of Hawaii Board of Chiropractic Examiners.			
Date _____ SIGN HERE _____			

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____	
	Date issued: _____	
	Date license expires: _____	
License status:		<input type="checkbox"/> current
		<input type="checkbox"/> lapsed since: _____
		<input type="checkbox"/> inactive since: _____
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? .....		<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain a yes response)
Signature: _____		
Title: _____		
State: _____		
Date: _____		
TO THE BOARD: Return this form directly to the Hawaii Board of Chiropractic Examiners.		

## **CHECKLIST OF REQUIREMENTS**

### **Education**

1. \_\_\_\_\_ Completed 60 semester hours (equivalent) of college credit leading toward a baccalaureate degree at accredited college/university.
2. \_\_\_\_\_ Graduated from an accredited chiropractic college:  
\_\_\_\_\_ Accredited by Council of Chiropractic Education  
\_\_\_\_\_ Accredited by Straight Chiropractic Academic Standards Association prior to June 4, 1993.  
\_\_\_\_\_ Other accrediting body recognized by the USDOE.
3. \_\_\_\_\_ Transcripts directly from school where 60 semester hours completed successfully.
4. \_\_\_\_\_ Transcripts directly from chiropractic school where obtained doctor of chiropractic.

### **NBCE Exams**

1. \_\_\_\_\_ Passed the NBCE Parts I, II, III, IV, and physiotherapy.
2. \_\_\_\_\_ Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered.
3. \_\_\_\_\_ Passed the NBCE Parts I, II, physiotherapy, and SPEC, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered.

### **Out-of-State License Verification**

1. \_\_\_\_\_ Verification of License form from original state of licensure.
2. \_\_\_\_\_ Verification of License forms from all states licensed in.

### **Fees**

1. \_\_\_\_\_ Application Fee \$50
2. \_\_\_\_\_ License Fee \$260/\$130

### **Notes**

**LICENSING BRANCH  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

*To receive confirmation of your license, print your name and mailing address in the block below on the "Notice of Licensure" form.* This confirmation will take about 3 weeks to process. The license card will take about 6 weeks to process.

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**NOTICE OF LICENSURE**

Professional and Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

This is authorization to act as a **CHIROPRACTOR** until such time that your license is processed.

THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD OR PROGRAM.

Print Name & Complete Mailing Address in Block Below:

LICENSE NO. \_\_\_\_\_

EFFECTIVE DATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

\_\_\_\_\_  
Executive Officer